

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 09/206,307 FILING DATE
APPLICANT(S)

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	6-30-04		6-3-05		2/6/06	
	NO	DEP	NO	DEP	NO	DEP
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TOTAL NO.						
TOTAL DEP.						
TOTAL CLAIMS						

	6-30-04		6-3-05		2/6/06	
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